

Prince William County BLS Pilot Program Class 07-02

Prince William County EMS Training

PDC Summary Report

October 10, 2007



Prince William County BLS Pilot Program Executive Briefing

Recruit class 07-02 is our forth Pilot program conducted in the two year program. Although we experienced lower initial pass rates, we fully expect the four retests to be successful.

Several transitions were put into place at the start of the 07-02 recruit class and the pilot program. We experienced a new first time course coordinator, as well as, a complete turnover of the EMS training Academy staff. Yet with all these changes, we were able to maintain a high course participation and success. This included higher participation by non EMT instructors (76.8 % of program instruction). Even with these changes around our program, we were able to enjoy a successful program.

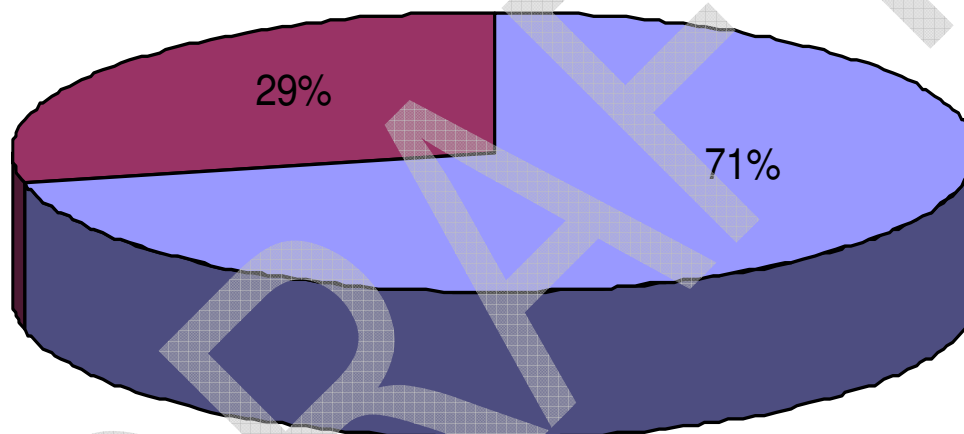
Things That Went Well

- Increased non-EMT instructor involvement
- Increased practical lab application
- Closer ratios as to it relates to student to instructors
- Continued success in evaluatory instructor effectiveness

Things to Improve

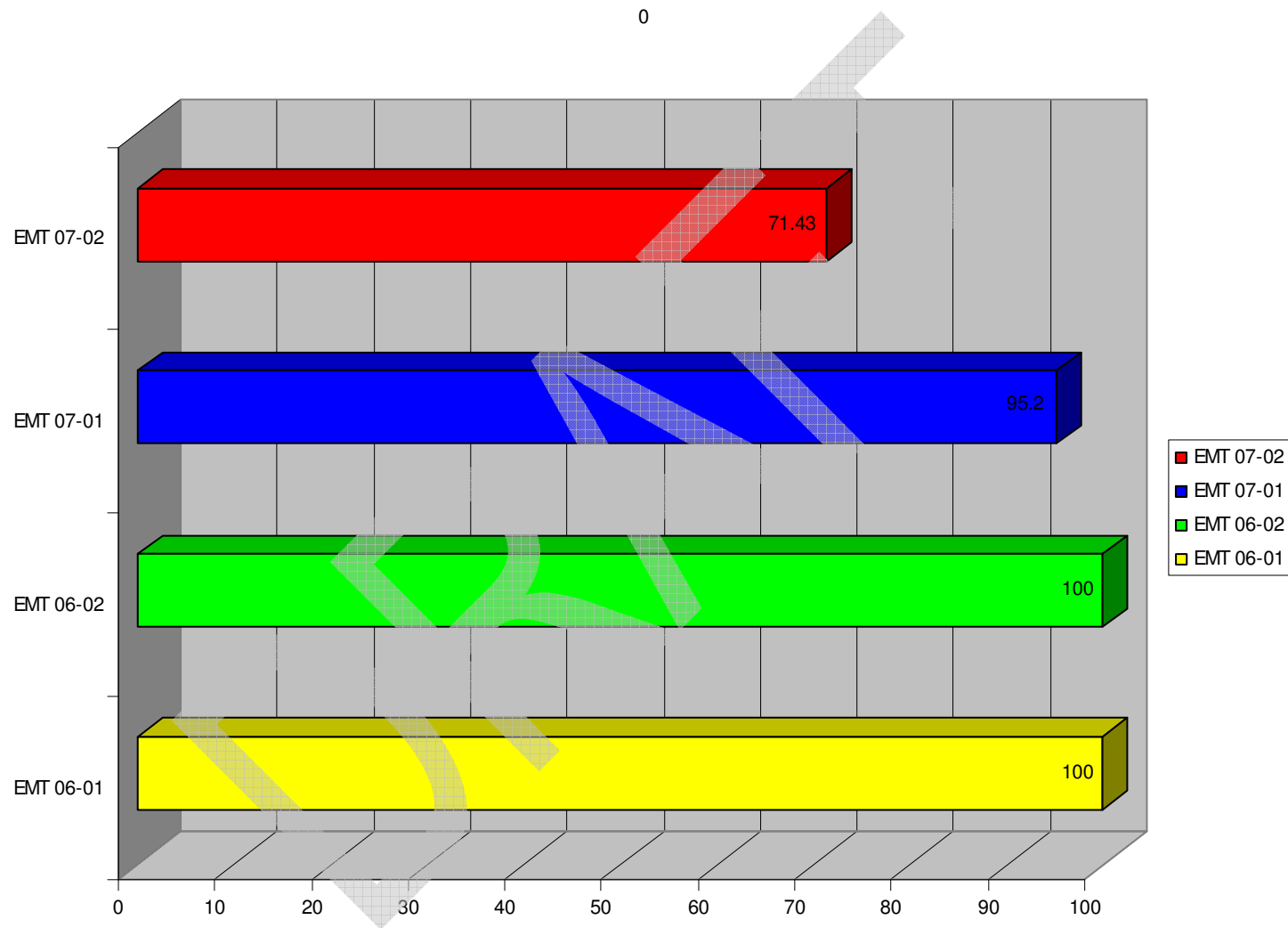
- Continued increase in familiarity and standardization of forms
- Continuation of BLS Pilot Program for the future

Recruit Class 07-02



■ Pass First Attempt

■ Fail First Attempt



Class name: EMT-B/Recruit Class 07-2
Class # 07-2
Location PSA
Date August 8 – September 13, 2007
Instructors: Lt. Melvin, Lt. Mirabile

Enrolled: 14 Initial entry/3 refresher/2 Medics

Evaluation Results:

Evaluations Received: 19

Instructor Effectiveness =	4.26
Course Information=	4.06
Facilities and Support Services=	4.42
Overall=	4.16

Comments:

Like to see in future training:

- More hands on with more vocal instructions. Expanding course length.
- Reading materials (text and workbook) should not contradict.
- More time and more practicals. More ride along days.
- More time to do practicals.
- More elaboration on the subject.
- More time.
- Extra day riding on medic / ambulance units.
- More interesting speakers; more continuity of teaching practicals.
- More real life situations
- Each instructor should be on same page. We heard different ways to do the same thing and was told that it was the right way
- More station rotations.

Best Liked:

- What I liked the best about the course was to have hands on with practicals.
- The thing I enjoyed most about the course is the available resources and equipment. I think Prince William County has gone above and beyond to provide the best equipment available to simulate scenarios. I also enjoyed the facility. I think the classrooms are set up in a way that is easy to learn both by lecture and visual aids.
- I enjoyed the lectures of Lt. Phillips.
- I liked that we were able to participate in several hours of hands on scenarios. Being able to practice the skills we had been learning helped me to grasp things better and see the big picture of how to apply the skills we learned.
- Practical were my favorite out of the course. They kept me on

- All the instructors were helpful and knowledgeable about the course topics. I especially enjoyed Lt. Pumphery's class. She kept us moving, made us think and was very knowledgeable.
- Instructors were extremely knowledgeable \ professional easy to work with, willing to do a lot to help students. Real world experience helped.
- There was adequate time given to practicals. Sometime the rotation was short, but overall plenty of days for hands on. Lt. Phillips, Lt Melvin, Lt Mirabile were great at providing the knowledge for the training.
- Ride along on med units. Testing everyday forced me to study more vigorously.
- Learning how to deliver babies. Learning how to work on mass casualty incidents.
- I liked the hands on time. Practical, trips out of campus and our clinicals were very eye opening. I also like the way days were laid out. I think it's good to do hands on in the afternoon when many peoples attention to lecture begin to fade.
- Learning new material.
- This is a sink or swim programs. The instructors give students more knowledge than is needed to pass the test. The level of intensity forces students to stay motivated and proactive about learning. That the instructors teach the way skills should be performed in the field and not just to pass a test; gets this program in a higher class.
- Practical. We learn best by DOING. The lecture is helpful to an extent, but some lectures can either be shortened or omitted if the information is taught during a practical only. (e. g. Detailed assessments, Mass Casualty Incidents.
- Readiness of various equipment used and have a chance to use it.
- Training and Practical
- The instructors were the best part. They all had valuable information and really knew the subject matter.
- Interesting material, knowledgeable instructors. Logical progression of chapters.
- The enthusiasm of the instructors helped to make the course more enjoyable and entertaining.

Least Liked:

- Long lectures at times.
- There should be more coordination between instructors regarding practices and techniques.
- The length of some of the lectures and how we seemed to be rushed through practicals.
- Some information needed to be explained a little better.
- Room seemed always hot and uncomfortable.

- Inconsistency between the books and instructors. It is hard to learn a technique when the book, workbook, and several all give conflicting information on a topic. The workbook had numerous errors and typos, and sometimes the tests did as well. Yesterday, for example, was the first time we were told that as EMT's; we are not able to administer the Epi-pen. We can only "assist" with it. While the book does state this, we were not told until the day before testing that you have to have the patient's hand on the pen, while administering it. This is just an example of many.
- Although students are given all the information needed to pass the course, it is a very rushed program. There was plenty of time for practicals, but more time to let lecture sink in would have been nice.
- Long lectures
- Although we were allowed plenty of breaks, the lectures ran really long. It would also be helpful if the instructors considered that this is all brand new information to recruits. We don't have years of experience. I would also like more time spent on splinting and immobilization.
- Not enough time to thoroughly go over materials.
- Length of course.
- Tech II Forbes needs more time in a teaching environment. His knowledge of the textbook materials was lacking. Many discrepancies were noted during practicals sessions. The respiratory and cardiac chapters need to be separated. Those two subjects have what I feel is too much information to be taught on the same day. Separation would allow for more of the info to be obtained.
- Fast. Practical could have been specific to what we would be testing on. All instructors were sometimes not on the same page, one says one thing the other said something else.
- Some instruction was dry. Especially when course materials were read directly from slides.
- I disliked the lectures. I enjoyed listening to the instructors, but I didn't like to stare at the slides(bad eyes)
- Some of the bigger more difficult chapters were presented together which made it hard to really digest all that needed to be comprehended(i.e. respiratory and cardiac).
- The uncertainty in protocols or proper procedures. Different ways to do the same thing.
- The thing that I enjoyed least about the course is sometimes receiving inconsistent information. Some instructors would teach it one way and then I would receive different information from other instructor. Not to say that either way was necessarily wrong, but it did prove to be confusing when trying to please the different styles the instructors were looking for.
- What I liked the least about the course is that we didn't have the experience of more than on fire station rotations.

Additional Comments:

- Having the bags completely stocked and inventory complete before the course begins would be very helpful. Also going over the sheets in the

recruit manual would be helpful to show the recruits where things go and what they look like.

- The course was challenging and taught me a lot about discipline. I thought it was a good way to walk into the dire dept.
- A suggestion that might be helpful in the future is to walk through the skills sheets with the whole class with the lead instructor, so that the class will all be on the same page and understanding.
- It is easier to learn practical material if all instructors are on the same page with how it should be done. I know sometimes it is hard to find people who like or good to teach when the need for instructors arises, but that would help keep things interesting.
- Instructors were very knowledgeable, nice to learn from people with experience.
- The instructors were very good about being patient with students who weren't able to grasp concepts as well as others. I think this played an important role for getting some students through the course.
- I understand time cannot be expected, but some info was just glanced thru. That could have been elaborated more.
- Over all I feel like I absorbed a lot of information
- The quizzes should be geared to assess how well we know the material, not how well we can memorize workbook questions.

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1. Please select the name of the institution for which you are submitting a report.

Prince William County Paramedic Program

2. This is my _____ program using the initial pilot program standards?

Fourth

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

Beginning Enrollment

14

How many passed the program?

14

How many failed the program?

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0
How many remain incomplete?
0
How many withdrew during the program?
0

5. Please complete the following information about the certification testing for the program on which you are reporting:
How many passed the state certification examination on the first attempt?
10
How many passed on subsequent attempts?
N/A re-testing October 18th, 2007
How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?
Lower pass rate

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:
How many didactic hours?
90
How many lab hours?
100
How many clinical hours?
20
Total Number of Hours?
210

7. Do you feel the introduction of competencies increased the overall length of your class?
No

8. What percentage of Instructors were not VA Certified EMT Instructors?
81.25

9. Where were your non-certified EMT Instructors utilized? (click all that apply)
Didactic
Lab
Clinical

10. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
71.43

11. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction
Review of Objectives and material

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Lab instruction

New lab instructor orientation

Clinical instruction

New preceptor orientation

12. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)

The selection process utilized in our ALS programs

Instructional Experience

Subject knowledge

Other

13. What was the level of certification or credentials of your non-certified EMT instructors?

NREMT-P, Va. EMT-P, Va. EMT-B

14. What did you like most about this pilot program?

That we were able to experience a wholesale change in personnel with only a miniscule drop in overall performance.

15. What recommendations do you have for changes for the next round of pilot programs?

Continual work towards non-EMT instructor usage.

16. What did not work well?

Nothing really.

17. What recommendations do you have for potential implementation statewide?

Continuation of this process.

18. Other comments you wish to share?

None at this time.

19. Choose one category below which best describes where your institution is located.

Urban area with a population of 150,000-500,000

20. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

White

5

Black

4

Hispanic

5

Thank you very much for completing the mandatory pilot program report.

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1. Please select the name of the institution for which you are submitting a report.

J. Sargeant Reynolds CC - Hanover Fire

2. This is my _____ program using the initial pilot program standards?

Second

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

Beginning Enrollment

12

How many passed the program?

10

How many failed the program?

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1
How many remain incomplete? 0
How many withdrew during the program? 1

5. Please complete the following information about the certification testing for the program on which you are reporting:
How many passed the state certification examination on the first attempt? 4
How many passed on subsequent attempts? 6
How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated? 100% (I haven't taught a non-pilot program)

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:
How many didactic hours? 88
How many lab hours? 52
How many clinical hours? 10
Total Number of Hours? 150

7. Do you feel the introduction of competencies increased the overall length of your class?
Yes

8. What percentage of Instructors were not VA Certified EMT Instructors?
50%

9. Where were your non-certified EMT Instructors utilized? (click all that apply)
Lab
Clinical

10. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
Just skills stations

11. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction None used
Lab instruction

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Review and observation

Clinical instruction

Hospital personnel

12. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)

Instructional Experience

Subject knowledge

Other

13. What was the level of certification or credentials of your non-certified EMT instructors?

Most (all but 1) were paramedics with some instructional experience.

14. What did you like most about this pilot program?

Lots of skills! I had students comment on how they didn't really understand some things very well until they did hands-on.

15. What recommendations do you have for changes for the next round of pilot programs?

This semester I spread the skills days out, so we teach something, then immediately have skills night which includes any previous skills.

16. What did not work well?

Putting most of the skills days on the weekend- 8 hours of skills is too much at one time. Scatter them over the 4 hour days.

17. What recommendations do you have for potential implementation statewide?

Break up the didactic with skills nights. Add plenty of instructors for skills nights, review previous skills (anything previously taught was fair game including CPR).

18. Other comments you wish to share?

Make sure they get the assessment process correct and consistent, then start adding in illnesses and injuries. Keep pulling previous material back, so they know they aren't allowed to forget anything.

19. Choose one category below which best describes where your institution is located.

Suburban location

20. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

White

10

Black

1

Asian American

1

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1. Please select the name of the institution for which you are submitting a report.

Roanoke Valley Regional Fire Training Center

2. This is my _____ program using the initial pilot program standards?

Third

3. Has this program ended?

No

4. Please complete the following information about the program on which you are reporting:

Beginning Enrollment

7

How many passed the program?

7

How many failed the program?

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UNK
How many remain incomplete? UNK
How many withdrew during the program? unk

5. Please complete the following information about the certification testing for the program on which you are reporting:
How many passed the state certification examination on the first attempt? unk
How many passed on subsequent attempts? unk
How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated? unk

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:
How many didactic hours? 72
How many lab hours? 64
How many clinical hours? 12
Total Number of Hours? 148

7. Do you feel the introduction of competencies increased the overall length of your class?
No
8. What percentage of Instructors were not VA Certified EMT Instructors?
50%

9. Where were your non-certified EMT Instructors utilized? (click all that apply)
Lab
Clinical

10. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
50%

11. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction N/A
Lab instruction

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Prep prior to class

Clinical instruction

None

12. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)

The selection process utilized in our ALS programs

Instructional Experience

Subject knowledge

13. What was the level of certification or credentials of your non-certified EMT instructors?

NREMT-P

14. What did you like most about this pilot program?

The fact that we had flexibility to use others

15. What recommendations do you have for changes for the next round of pilot programs?

none

16. What did not work well?

nothing

17. What recommendations do you have for potential implementation statewide?

none

18. Other comments you wish to share?

n/q

19. Choose one category below which best describes where your institution is located.

Urban area with a population of 150,000-500,000

20. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

White

6

Black

3

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